



ANNUAL STATEMENT  
For the Year Ending DECEMBER 31, 2016  
OF THE CONDITION AND AFFAIRS OF THE  
HealthPlus Partners, Inc. Trust

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	11549	Employer's ID Number	01-0729151
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	MI		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ] Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ] Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]					
Incorporated/Organized	07/08/2002		Commenced Business	01/01/2003		
Statutory Home Office	2050 South Linden Road (Street and Number)		Flint, MI, 48532 (City or Town, State, Country and Zip Code)			
Main Administrative Office	2050 South Linden Road (Street and Number)		Flint, MI, 48532 (City or Town, State, Country and Zip Code)	(800)332-9161 (Area Code) (Telephone Number)		
Mail Address	2050 South Linden Road, P.O. Box 1700 (Street and Number or P.O. Box)		Flint, MI, 48501-1700 (City or Town, State, Country and Zip Code)	(800)332-9161 (Area Code) (Telephone Number)		
Primary Location of Books and Records	2050 South Linden Road (Street and Number)		Flint, MI, 48532 (City or Town, State, Country and Zip Code)	(800)332-9161 (Area Code) (Telephone Number)		
Internet Website Address	www.healthplus.org					
Statutory Statement Contact	Todd E. Hutchison (Name)		(313)664-8559 (Area Code)(Telephone Number)(Extension)			
	thutchis@hap.org (E-Mail Address)		(248)443-1163 (Fax Number)			

OFFICERS

Name	Title
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OTHERS

DIRECTORS OR TRUSTEES

Todd E. Hutchison #

State of Michigan  
County of Genesee ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
(Printed Name)	Todd E. Hutchison	(Printed Name)
1.	2.	3.
(Title)	Trust Administrator	(Title)
Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[ ]
day of , 2017	b. If no, 1. State the amendment number	0
	2. Date filed	
	3. Number of pages attached	0
(Notary Public Signature)		

16 Exhibit of Nonadmitted Assets ..... NONE

17 Exhibit 1 - Enrollment By Product Type ..... NONE

18 Exhibit 2 - Accident and Health Premiums ..... NONE

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	0	0	0	0	0	0
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	0	0	0	0	0	0
0299998 Claim Overpayment Receivables - Not Individually Listed .....	538,934	0	0	0	0	538,934
0299999 Subtotal - Claim Overpayment Receivables .....	538,934	0	0	0	0	538,934
0399998 Loans and Advances to Providers - Not Individually Listed .....	0	0	0	0	0	0
0399999 Subtotal - Loans and Advances to Providers .....	0	0	0	0	0	0
0499998 Capitation Arrangement Receivables - Not Individually Listed .....	0	0	0	0	0	0
0499999 Subtotal - Capitation Arrangement Receivables .....	0	0	0	0	0	0
<b>Risk Sharing Receivables</b>						
Genesys PHO .....	143,717	0	0	0	0	143,717
Great Lakes Bay Heakth Centers .....	341,022	0	0	0	0	341,022
0599998 Risk Sharing Receivables - Not Individually Listed .....	100,850	0	0	0	0	100,850
0599999 Subtotal - Risk Sharing Receivables .....	585,589	0	0	0	0	585,589
0699998 Other Receivables - Not Individually Listed .....	0	0	0	0	0	0
0699999 Subtotal - Other Receivables .....	0	0	0	0	0	0
0799999 Gross health care receivables .....	1,124,523	0	0	0	0	1,124,523

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
		1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable							
1.	Pharmaceutical rebate receivables .....	0	0	0	0	0	0
2.	Claim overpayment receivables .....	0	0	233,461	305,473	233,461	233,461
3.	Loans and advances to providers .....	0	0	0	0	0	0
4.	Capitation arrangement receivables .....	0	0	0	0	0	0
5.	Risk sharing receivables .....	2,253,211	0	545,794	39,795	2,799,005	2,933,478
6.	Other health care receivables .....	0	0	0	0	0	0
7.	TOTALS (Lines 1 through 6) .....	2,253,211	0	779,255	345,268	3,032,466	3,166,939

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)  
Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	0	0	0	0	0	0
0399999 Aggregate Accounts Not Individually Listed - Covered .....	1,052,882	0	0	0	385	1,053,267
0499999 Subtotals .....	1,052,882	0	0	0	385	1,053,267
0599999 Unreported claims and other claim reserves .....						1,010,676
0699999 TOTAL Amounts Withheld .....						679,294
0799999 TOTAL Claims Unpaid .....						2,743,237
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						1,432,148

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
HealthPlus of Michigan, Inc. ....	27,017	0	0	0	0	27,017	0
HealthPlus Insurance Company Trust .....	1,000,000	0	0	0	0	1,000,000	0
0199999 Total - Individually listed receivables .....	1,027,017	0	0	0	0	1,027,017	0
0299999 Receivables not inidividually listed .....	0	0	0	0	0	0	0
0399999 TOTAL Gross Amounts Receivable .....	1,027,017	0	0	0	0	1,027,017	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually Listed Payables				
HAP Preferred, Inc. ....	Administration fees .....	10,000	10,000	0
0199999 Total - Individually Listed Payables .....	X X X .....	10,000	10,000	0
0299999 Payables not Individually Listed .....	X X X .....	0	0	0
0399999 TOTAL Gross Payables .....	X X X .....	10,000	10,000	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups .....	4,721,898	76.175	0	0.000	0	4,721,898
2.	Intermediaries .....	0	0.000	0	0.000	0	0
3.	All other providers .....	0	0.000	0	0.000	0	0
4.	TOTAL Capitation Payments .....	4,721,898	76.175	0	0.000	0	4,721,898
Other Payments:							
5.	Fee-for-service .....	768,421	12.396	X X X	X X X	0	768,421
6.	Contractual fee payments .....	708,450	11.429	X X X	X X X	0	708,450
7.	Bonus/withhold arrangements - fee-for-service .....	0	0.000	X X X	X X X	0	0
8.	Bonus/withhold arrangements - contractual fee payments .....	0	0.000	X X X	X X X	0	0
9.	Non-contingent salaries .....	0	0.000	X X X	X X X	0	0
10.	Aggregate cost arrangements .....	0	0.000	X X X	X X X	0	0
11.	All other payments .....	0	0.000	X X X	X X X	0	0
12.	TOTAL Other Payments .....	1,476,871	23.825	X X X	X X X	0	1,476,871
13.	TOTAL (Line 4 plus Line 12) .....	6,198,769	100.000	X X X	X X X	0	6,198,769

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		N O N E			
9999999 TOTALS .....		0	X X X	X X X	X X X



EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	0	0	0	0	0	0
2.	Medical furniture, equipment and fixtures .....	NONE		0	0	0	0
3.	Pharmaceuticals and surgical supplies .....			0	0	0	0
4.	Durable medical equipment .....			0	0	0	0
5.	Other property and equipment .....			0	0	0	0
6.	TOTAL .....	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR  
NAIC Group Code 0000 NAIC Company Code 11549

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. TOTAL	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	366	0	0	0	0	0	0	0	366	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	6,198,769	0	0	0	0	0	0	0	6,198,769	0
18. Amount Incurred for Provision of Health Care Services	349,531	0	0	0	0	0	0	0	349,531	0

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR  
NAIC Group Code 0000 NAIC Company Code 11549

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. TOTAL	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	366	0	0	0	0	0	0	0	366	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	6,198,769	0	0	0	0	0	0	0	6,198,769	0
18. Amount Incurred for Provision of Health Care Services	349,531	0	0	0	0	0	0	0	349,531	0

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

31 Schedule S - Part 1 - Section 2 ..... NONE

32 Schedule S - Part 2 ..... NONE

33 Schedule S - Part 3 - Section 2 ..... NONE

34 Schedule S - Part 4 ..... NONE

35 Schedule S - Part 5 ..... NONE

SCHEDULE S - PART 6  
Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2016	2 2015	3 2014	4 2013	5 2012
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	0	0	0	0	0
2. Title XVIII-Medicare .....	0	0	0	0	0
3. Title XIX - Medicaid .....	0	129	167	95	96
4. Commissions and reinsurance expense allowance .....	0	0	0	0	0
5. TOTAL Hospital and Medical Expenses .....	0	0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	0	0	0	0	0
7. Claims payable .....	0	0	0	0	0
8. Reinsurance recoverable on paid losses .....	0	0	0	0	0
9. Experience rating refunds due or unpaid .....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due .....	0	0	0	0	0
11. Unauthorized reinsurance offset .....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers .....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....	0	0	0	0	0
14. Letters of credit (L) .....	0	0	0	0	0
15. Trust agreements (T) .....	0	0	0	0	0
16. Other (O) .....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....	0	0	0	0	0
18. Funds deposited by and withheld from (F) .....	0	0	0	0	0
19. Letters of credit (L) .....	0	0	0	0	0
20. Trust agreements (T) .....	0	0	0	0	0
21. Other (O) .....	0	0	0	0	0

SCHEDULE S - PART 7  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	7,217,912	0	7,217,912
2. Accident and health premiums due and unpaid (Line 15) .....	0	0	0
3. Amounts recoverable from reinsurers (Line 16.1) .....	0	0	0
4. Net credit for ceded reinsurance .....	X X X	0	0
5. All other admitted assets (Balance) .....	2,161,551	0	2,161,551
6. TOTAL Assets (Line 28) .....	9,379,463	0	9,379,463
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	2,743,237	0	2,743,237
8. Accrued medical incentive pool and bonus payments (Line 2) .....	1,432,148	0	1,432,148
9. Premiums received in advance (Line 8) .....	0	0	0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0	0	0
14. All other liabilities (Balance) .....	4,860,394	0	4,860,394
15. TOTAL Liabilities (Line 24) .....	9,035,779	0	9,035,779
16. TOTAL Capital and Surplus (Line 33) .....	343,684	X X X	343,684
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	9,379,463	0	9,379,463
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	0		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. TOTAL Ceded Reinsurance Recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. TOTAL Ceded Reinsurance Payables/Offsets .....	0		
31. TOTAL Net Credit for Ceded Reinsurance .....	0		

39 Schedule T - Part 2 - Interstate Compact - Exhibit of Premiums Written . . . . . NONE

40 Schedule Y - Part 1 . . . . . NONE

41 Schedule Y - Part 1A . . . . . NONE

42 Schedule Y - Part 2 . . . . . NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
  - 2. Will an actuarial opinion be filed by March 1? Yes
  - 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
  - 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes
- APRIL FILING
- 5. Will Management's Discussion and Analysis be filed by April 1? Yes
  - 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
  - 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes
- JUNE FILING
- 8. Will an audited financial report be filed by June 1? Yes
  - 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes
- AUGUST FILING
- 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
  - 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
  - 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? No
  - 14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
  - 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
  - 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
  - 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
  - 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1? No
  - 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
  - 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No
- APRIL FILING
- 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
  - 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
  - 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? No
  - 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? No
  - 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? No
- AUGUST FILING
- 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? No

Explanation:

26.

Bar Code:

Medicare Supplement Insurance Experience Exhibit

1154920163600000 2016 Document Code: 360

Health Life Supplement

11549201620500000 2016 Document Code: 205

Health Property / Casualty Supplement

11549201620700000 2016 Document Code: 207

Schedule SIS

11549201642000000 2016 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies

11549201637100000 2016 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

11549201637000000 2016 Document Code: 370

Medicare Part D Coverage Supplement

11549201636500000 2016 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner

11549201622400000 2016 Document Code: 224



SUPPLEMENTAL EXHIBITS AND SCHEDULES  
INTERROGATORIES (continued)

Approval for Relief related to one-year cooling off period for inde. CPA



11549201622500000 2016 Document Code: 225

Approval for Relief related to Require. for Audit Committees



11549201622600000 2016 Document Code: 226

LTC Supplemental Interrogatories



11549201630600000 2016 Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



11549201621100000 2016 Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



11549201621300000 2016 Document Code: 213

Supplemental Health Care Exhibit



11549201621600000 2016 Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



11549201621700000 2016 Document Code: 217

Management's Report of Internal Control over Financial Reporting



11549201622300000 2016 Document Code: 223

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504.	Interest Expense on Late Claims .....	0	(88)	9	0	(79)
2505.	Physician Relations .....	0	0	0	0	0
2506.	Designing Fees .....	0	0	1	0	1
2507.	Training .....	0	0	29	0	29
2508.	Miscellaneous .....	0	(1)	(4,479)	0	(4,480)
2597.	Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....	0	(89)	(4,440)	0	(4,529)

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